

Self-Help Group Attendance Verification

Name: _____ Date: _____

Name of Group: _____ Time: _____

Location: _____

Type of Group: AA() NA() CA() Rational Recovery() Other()

Chairperson: _____
Print Name Signature

Do You Have a Sponsor: Yes() No() If No, Reason: _____

Meeting Topic: _____

Discuss What You Learned From The Meeting: _____

How Will You Apply This In Your Recovery: _____

(Attach Separate Sheet If Needed)